

dental studio

INFORMED CONSENT FOR THE DNA APPLIANCE THERAPY FOR THE DEVELOPMENT OF THE MAXILLA

You have been diagnosed by your general dentist with maxillary deficiency. There are several options to treat craniomandibular disorder including the option of no treatment, surgery or to consult a specialist in orthodontics.

What is Oral Appliance Therapy?

Oral appliance therapy for maxillary development to reduce the craniomandibular disorder is a relatively new therapy and not practiced by all dentists. Oral Appliance Therapy has effectively treated many patients. Dr. Chee has several completed DNA cases in adults which have resulted in an increase in maxilla bone growth and reduction of symptoms. There are no guarantees that it will be effective for you since everyone is different and there are many factors influencing the development of the maxilla. The full effect of this appliance is still yet to be determined. For cases published in literature, please ask Dr. Chee for this information since the device is relatively new and may be considered experimental by some. It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance will give you maximum relief of symptoms. The DNA appliance is a functional, biomimetic appliance that mimics normal function and therefore encourages normal form development of the jaws. Just as your problem took a long time to fully develop; this technique can take a long time to resolve your problem. The standard protocol for development is 18 months but is affected directly by the severity of the individual patient's problem. At the 18month mark, we will re-evaluate your case and determine what the next step should be. It may be that further dental treatment may need to be done in the form of fixed braces or porcelain. Any other treatment will be an additional cost.

<u>Side Effects and Complications of Oral Appliance Therapy</u>

Published studies show that short-term side effects of any oral appliance use in general may include excessive salivation, difficulty swallowing (with appliance in place), sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth and short-term changes in the bite. There are also reports of dislodgment of ill-fitting dental restorations. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Long-term complications include changes in the bite that may be permanent resulting from tooth movement or jaw joint repositioning (which is the desired effect with this particular appliance). These complications may or may not be fully reversible once appliance therapy is discontinued. The desired effect of the DNA appliance specifically in most cases is to move the teeth and jaw position to reduce pain and develop the physiological rest position of the jaw determined using biomedical instrumentation. Restorative dental treatment, orthodontic intervention or other treatments may be required for which you will be financially responsible.

Follow-Up Visits and Testing

Follow-up visits every one or two months in our office are mandatory to insure proper fit, to assure a healthy condition and maximum, timely development of your mouth and jaw. Following the 18- month development protocol, neuromuscular scans and iCAT are required to test the position of your jaw and teeth. Periodic photographic documentation is also required. This is included in the cost of this appliance. After 18 months, depending on the amount of development, Dr. Chee will reassess your case and may consider alternative treatment modalities or continue longer treatment time.



Sleep studies will be required every 6 months in most patients. This cost is not included.

The presence of an oral appliance in your mouth increases the risk of gum disease and cavities. We require cleanings of the teeth every three months to help prevent the development of gum disease and cavities during treatment. Cleanings, fillings, repairs and replacement of lost appliances are not included in the cost of the DNA appliance as it varies from one individual to the next.

<u>Alternative Treatments for Craniomandibular Disorder</u>

Other accepted treatments for CMD include orthodontics by a specialist and various surgeries. It is your decision to have chosen oral appliance therapy to treat your CMD and you are aware that it may not be completely effective for you. The appliance will not work if you do not wear it 12-16 hours per day, this may result in ineffective treatment and increased costs of care. It is your responsibility to report the occurrence of side effects and to address any questions to the doctor. Failure to treat Craniomandibular disorder may lead to chronic pain and obstructive sleep apnea.

**If additional appliances or procedures are required or ascertained for your case, there may be additional costs which will be discussed prior to their implementation. **

I understand that I will be required to pay the full fee for any treatment I receive at Aesthetic Dental Studio and I am fully responsible for the cost of my care. I am responsible for any insurance coverage/eligibility and any unusual amounts of time spent by the team may result in an extra fee.

Do not sign this before you read it or if it contains blank spaces. You are entitled to an exact copy of the paper you sign.

I understand and accept any and all risks known and unknown involving the wearing of an oral appliance for Craniomandibular disorder and I understand all the terms of this Informed Consent. I consent to the release of my medical photos and radiographs for documentation and research purposes.

I consent/do not consent (circle one) to the use of my photos for marketing purposes.

I hereby certify that I have read and received a copy of this document on the date listed below and that I have read the Informed Consent regarding my treatment and fully understand all the terms of both the Financial Arrangement and the Informed Consent. Any guarantee by Dr. Chee is null and void with lack of follow-up care.

Patient Signature	Date
Patient Printed name	
Witness	Date